

C2: Manager's IAQ Inspections: INDOOR SPACES

Building _____ Space _____ Zone _____ File # _____
 Address _____ Prepared by _____ Date _____

Parameter	Condition		Notes	Priority
	OK	Not OK		L M H
Comfort: No occupant complaints? No. use of heaters/fans etc.?				
Thermal: Temperature, humidity, air movement comfortable? Meet standards?				
Air quality: No odor, stuffiness? No complaints?				
Supply air: Supply air flow adequate?				
Exhaust and Return? Exhaust and return air flow adequate? Grilles clean?				
Lighting: Brightness OK? No glare? Automatic controls functioning?				
Acoustics: No intrusive or annoying sounds? Acoustic privacy maintained?				
Cleanliness: No excess dust/dirt? Housekeeping standards met?				
Moisture: No signs of moisture damage? Ceiling tiles not stained?				
Mold: No visible signs of mold or fungal growth?				
Pressure: Pressure is pos/neg as needed to control air flow?				
Infiltration: No infiltration?				
Structure: Walls, windows, & doors in good condition?				